

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Californians for Accountability - Support Roth for Senate 2012 - Sponsored by Nurses, School Employees, Health Care Givers and Public Employees			Date of This Filing 05/21/2012 Report No. 5836 <input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below) No. of Pages 2	Date Stamp Page 1 of 2	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER () -		I.D. NUMBER (if applicable) 1347430			
STREET ADDRESS					
CITY Riverside	STATE CA	ZIP CODE 92501			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Steve Clute			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. State Senator District 31	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/19/2012	Mailer	\$32,201.55

Reason for Amendment:
Update Contributions Received

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CALIFORNIA
FORM 496

NAME OF FILER

Californians for Accountability - Support Roth for Senate 2012 - Sponsored by Nurses, School Employees, Health Care Givers and Public Employees

I.D. NUMBER (If applicable)
1347430

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
5/19/2012	SEIU United Health Care Workers West PAC Oakland, CA 94612 ID: 747285	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,017.60	If loan, enter interest rate, if any _____ %
5/19/2012	SEIU United Health Care Workers West PAC Oakland, CA 94612 ID: 747285	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350.00	If loan, enter interest rate, if any _____ %
5/19/2012	SEIU United Health Care Workers West PAC Oakland, CA 94612 ID: 747285	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$206.40	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772